



The Office of Congressman Pete Sessions

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PRIVACY RELEASE FORM

DATE: _____

NAME: _____

ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL: _____ DATE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____

TYPE OF SERVICE YOU ARE SEEKING: _____

PLEASE ATTACH ANY ADDITIONAL INFORMATION NEEDED

In accordance with the provisions of the Privacy Act, I hereby authorize Congressman Pete Sessions, or a member of his staff, to make the appropriate inquiry on my behalf to a government agency who can assist with your case. I understand that by requesting the assistance of Congressman Pete Sessions or a member of his staff, I am obliged to provide truthful information in this privacy release and any document submitted with it. All of this information is complete, true and correct.

Signature: _____ Date: _____

Signature of Guardian or Power of Attorney if Necessary: _____